

Case Number:	CM14-0027531		
Date Assigned:	06/20/2014	Date of Injury:	11/13/2012
Decision Date:	07/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male who reported an injury on 01/12/2011 from an unknown mechanism of injury. The injured worker had a history of back pain. Upon examination on 05/14/2014, he was having lumbar spine pain 8/10 that was intermittent. The pain was stabbing and radiated through both legs, affecting the posterior thigh and calf. Leg pain was intermittent and aggravated with prolonged walking. There was numbness of both feet. Prolonged walking also aggravated the pain of the lumbar spine. The low back pain was worse than the leg pain. The injured worker stated his condition had not changed. The range of motion showed flexion at 60 degrees with pain, extension of 15 degrees with pain. The injured worker had tenderness over the bilateral lower lumbar region. The injured worker had spinal stenosis at L4-5. The injured worker had not improved with physical therapy. The provider recommended increasing ibuprofen to 800 mg, L4-5 facet blocks, selective nerve root epidural bilateral L4 and L5 nerve roots, and physical therapy for lumbar/core strengthening after epidural injections. Upon examination on 05/22/2014, the injured worker continued to have pain. Prolonged sitting caused more pain and walking seemed to help. The pain at night made the injured worker unable to sleep as well. The injured worker's range of motion was forward flexion to 70 degrees with moderate to severe pain, extension to 20 degrees with severe pain, bending was to 20 degrees with pain, right versus left and rotation was 20 degrees bilateral. The provider recommended electromyogram/nerve conduction velocity (EMG/NCV) both lower extremities to test for radiculopathy due to symptoms. The injured worker's diagnoses were lumbar stenosis, low back syndrome, lumbar radiculitis/thoracic radiculitis, and lumbar myofascial sprain/strain. Prior treatments included medications, physical therapy, and steroid injections. The treatment request is for physical therapy 2 times a week for 4 weeks for the lumbar spine. The Request for Authorization was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines state that the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend up to 12 visits. The injured worker completed an undisclosed number of physical therapy sessions and there was insignificant evidence of improvement of functional deficits with the prior therapy. The request for 12 sessions of physical therapy may exceed the guideline recommendations. As such, the request for physical therapy two times a week for four weeks for the lumbar spine is not medically necessary.